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CONFIRMATION NO. 7125

<b>SERIAL NUMBER</b> 10/022,951	<b>FILING OR 371(c) DATE</b> 12/14/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> VIA-15
<b>APPLICANTS</b> Richard B. Strecker, Winchester, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/256,196 12/15/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/18/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 8				
<b>ADDRESS</b> JEFFREY J. HOHENSHELL 710 MEDTRONIC PARKWAY MINNEAPOLIS ,MN 55432				
<b>TITLE</b> APPARATUS AND METHOD FOR REPLACING AORTIC VALVE				
<b>FILING FEE RECEIVED</b> 672	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	